

RHODE ISLAND DEPARTMENT OF HEALTH
Application for Certification/Re-certification to Perform
Utilization Review

Name of Applicant/Entity: _____

d/b/a in RI: _____

Address: _____

E-mail Address: _____

Contact: _____ **Title:** _____

Phone: () _____ **Fax:** () _____

Current UR Certificate # : _____ **Expiration Date:** _____

INDICATE TYPE OF OWNERSHIP:

☐ **Individual**

☐ **Partnership**

☐ **Corporation**

Attach a list with the names and addresses of all direct and indirect owners whether individual, partnership, or corporation, with percent ownership. The list shall include each owner (in whole or in part) of any mortgage, deed or trust, note or any other obligation secured (in whole or in part) by the utilization review agency or any of the property or assets of the utilization review agency. The list shall also include all officers, directors and other persons of any subsidiary corporation owning stock, if the utilization review agency is organized as a corporation or all partners, if the utilization review agency is organized as a partnership.

Name of Administrator/C.E.O.:

Certification Information:

Accredited: ☐ **Yes** ☐ **No**

Name(s) of accrediting organization(s): _____

Submit evidence of current accreditation from the utilization review accreditation commission (URAC) or other organization approved by the Director and any correspondence that effects the accreditation status.

Utilization review is performed for mental health and substance abuse treatment or services: ☐ **Yes** ☐ **No**

If no, indicate who is performing utilization review for mental health and substance abuse treatment services: _____

Utilization review is performed only under contract with the federal government for those eligible under Title XVIII and XIX of the Social Security Act and CHAMPUS:

☐ **Yes**

☐ **No**

SUPPORTING DOCUMENTS ARE REQUIRED IN ACCORDANCE WITH THE UR APPLICATION GUIDELINES:

- ◆ Section I – Applicant Information – **TAB A, B & C**
- ◆ Section II – Policies and Procedures – **TAB D – M**
- ◆ Section III – Notification Letters – **TAB N**
- ◆ Section IV – Enrollee Information – **TAB O**
- ◆ Section V – Related Contracts – **TAB P - R**

PLEASE ENCLOSE THE (NON-REFUNDABLE) APPLICATION FEE OF \$200 MADE PAYABLE BY CHECK TO THE “GENERAL TREASURER, STATE OF RHODE ISLAND.”

I HEREBY SUBMIT THIS APPLICATION WITH ATTACHED ASSURANCES AND MATERIALS AS REQUIRED UNDER RIGL 23-17.12. THIS APPLICATION AND ATTACHED MATERIALS CONTAIN TRUE AND ACCURATE INFORMATION TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Person authorized by applicant to submit this application:

Signature: _____

Title: _____ **Date:** _____

State of (.....)

County of (.....)

In....., in said county on this day of A.D. 20....., personally appeared before me..... Of.....who, after signing the foregoing ownership report in my presence, made oath that the facts stated in said report are true.

NOTARY PUBLIC